03-29-89 SHIPPER 19311 State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91)

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Secremento California

WASTE MANIFEST    1. Generator's US EPA ID No.   Manifest   Document No.   CLAIXIOL D. D. D. B. B. 4 R. B. I. I. I. I.			of 1 is not required by Federal law.						
3. Generator's Name and Mailing Address PARA PLATE 15919 SHOEMAKER, CERRITOS, CA 90702 4. Generator's Phone (213) 404–3434 5. Transporter 1 Company Name		A. State Manifest Document Number 8 8293722  B. State Generator's ID  C. State Transporter's ID 904880  D. Transporter's Phone (213) 698-0991							
						5 1 21 1 Beck	le Transporter's	00000000	T mo-mat
						F. Transporter's Phone  G. State Facility's D  C A D O 4 Z Z 4 S O O 4   H. Facility's Phone			
		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont		13. Total Quantity				
			No.	Туре	Title Control of the	4417,901	State		
		WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)					EPA/Other		
		b.	01012	DLM	<u> </u>	C G	State		
							EPA/Other		
	111	1		Ц	State				
C.									
	111				EPA/Other				
- б.			1 AIV		State				
			1 1		EPA/Other				
J. Additional Descriptions for Materials Listed Above		K. He	ndling Codes fo	x Wastes L	isted Above				
			0/						
		C.		d.					
		<u> </u>	1 2 3	<u> </u>	19 19 19 19 19 19 19 19 19 19 19 19 19 1				
15. Special Handling Instructions and Additional Information									
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lő <sub>i</sub>			: 5		į				
16.  GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a	are fully and a	ccuratel	y described abo	ve by prop	er shipping name				
and are classified, packed, marked, and labeled, and are in all respects in proper condition national government regulations.	tor transport	by ingile	eay according t	o upphoton					
If I am a large quantity generator, I certify that I have a program in place to reduce the volu									
to be economically practicable and that I have selected the practicable intended of tractile present and full upon the present and full upon the present and full upon the property of the pro	generator, i i	nave ma	ge a good faith	AUOU 10 W	нинистну жазо				
Printed/Typed Name Signature	1 4	1,	/		Month Day				
17. Transporter 1 Acknowledgement of Receipt of Materials	AR	al	u :		ODIOIA				
Printed/Typed Name Signature	112	1			Month Day				
Robert J CIB INGFON / Ca	10 9	/ (	une	ller	10410141				
18: Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name Signature		i		·,	Month: Day				
Campana Mana	·	:	i ii	<u></u>					
19. Discrepancy Indication Space									
20 Facility Owner of Operator Certification of receipt of hazardous materials covered by this n									

DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9:88) Previous editions are obsolete. Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000; Sacramento, CA 95812